

## ***Representative Hinchey Online Academy Nomination Application Form***

Please use the following form to apply for a Military Academy Nomination. This form is interactive so please select your options and type directly into the form. Fields marked with an \* (asterisk) are required.

### **Indicate Academy and/or Preference**

Indicate the Academy you would like a nomination for \*

*Note: You may select a first and second choice*

Air Force \_\_\_\_\_

Military \_\_\_\_\_

Naval \_\_\_\_\_

Merchant Marine \_\_\_\_\_

### **Indicate any other sources you have applied for a nomination**

Senator Clinton

Senator Schumer

President

Vice President

JROTC

### **Information of Applicant within 22nd Congressional District**

Prefix : \* \_\_\_\_\_ (ex. Mr. or Ms.)

Full Legal Name : \* \_\_\_\_\_

Common Name Used (Nickname) : \_\_\_\_\_

Date of Birth : \* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address : \* \_\_\_\_\_  
\_\_\_\_\_

City : \* \_\_\_\_\_

State code: \* \_\_\_\_\_

Zip Code (5 or 9 digit): \* \_\_\_\_\_ +4 \_\_\_\_\_

County or Township : \* \_\_\_\_\_

Phone Number: \* (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**First Parent or Guardian Information**

Parent or Guardian Relationship : \* \_\_\_\_\_ (Mother, Father, Guardian, Grandparent, etc.)

Full Legal Name : \* \_\_\_\_\_

Street Address : \* \_\_\_\_\_  
\_\_\_\_\_

City : \* \_\_\_\_\_

State code: \* \_\_\_\_\_

Zip Code (5 or 9 digit): \* \_\_\_\_\_ +4 \_\_\_\_\_

Occupation : \* \_\_\_\_\_

Where Employed : \* \_\_\_\_\_

Phone Number: \* (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Second Parent or Guardian Information**

Parent or Guardian Relationship : \* \_\_\_\_\_ (Mother, Father, Guardian, Grandparent, etc.)

Full Legal Name : \* \_\_\_\_\_

Street Address : \* \_\_\_\_\_  
\_\_\_\_\_

City : \* \_\_\_\_\_

State code: \* \_\_\_\_\_

Zip Code (5 or 9 digit): \* \_\_\_\_\_ +4 \_\_\_\_\_

Occupation : \* \_\_\_\_\_

Where Employed : \* \_\_\_\_\_

Phone Number: \* (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Education Information**

High School: \* \_\_\_\_\_

Counselor's Name: \* \_\_\_\_\_

Street Address : \* \_\_\_\_\_  
\_\_\_\_\_

City : \* \_\_\_\_\_

State code: \* \_\_\_\_\_

Zip Code (5 or 9 digit): \* \_\_\_\_\_ +4 \_\_\_\_\_

Phone Number: \* (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Expected Date of Graduation: \* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

College currently attending (of applicable): \_\_\_\_\_

**Extracurricular Activities (Please Check All Applicable)**

Boy's/Girl's State of Nation

Church Membership

Eagle Scout

Civil Air Patrol or Navy Sea Cadets

Boy Scouts/Girl Scouts

Key/Interact Club

National Honor Society

President or Officer of Class/Student Council

President or Officer of School Club

Academic Honors Club

School Band/Chorus

Jr. ROTC Officer

Debate Club

After School Job \_\_\_\_\_ Hours worked per week

Summer Job \_\_\_\_\_ Hours worked per week

Football \_\_\_\_\_ # of years

Baseball/Softball \_\_\_\_\_ # of years

Basketball \_\_\_\_\_ # of years

Swimming \_\_\_\_\_ # of years

Track/Cross Country \_\_\_\_\_ # of years

Volleyball \_\_\_\_\_ # of years

Other Sports: \_\_\_\_\_ # of years

\_\_\_\_\_ # of years

**Additional Information**

Please include any other information you think we might need to process your application.